

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

10/532195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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12		3		/		
13	/		/			
14		/		/		
15		/		/		
16		/		/		
17		4		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
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30		8		/		
31		7		/		
32		7		/		
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49						
50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	67	←	26	←		←
TOTAL CLAIMS	73		32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						